

STATE OF NEW JERSEY

NEW JERSEY DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

50008274745
STATE FILE NUMBER
20160030890

1a. Legal Name of Decedent (First, Middle, Last, Suffix) Vincent R Fama		1b. Also Known As (AKA), if Any (First, Middle, Last, Suffix)		LIMB ONLY <input type="checkbox"/>
2. Sex Male	3. Social Security Number 8721	4a. Age 55 Years	5. Date of Birth (Mo/Day/Yr) 1/1960	
6. Birthplace (City & State/Foreign Country) Elizabeth, New Jersey				
7a. Residence State New Jersey	7b. County Monmouth	7c. Municipality/City Belmar Borough		
7d. Street and Number 605 Ocean Avenue		7e. Apt. No.	7f. Zip Code 07718	7g. Inside City Limits? Yes
8a. Ever in US Armed Forces? No	8b. If Yes, Name of War		8c. War Service Dates (From/To)	
8. Domestic Status at Time of Death Divorced		10. Name of Surviving Spouse/Partner (Name given at birth or on birth certificate)		
11. Father's Name (First, Middle, Last) Angelo Fama				
12. Mother's Name Prior to First Marriage (First, Middle, Last) Frances Zolkowski				
13a. Name of Informant Angelo Fama, Jr.				
13b. Relationship to Decedent Sibling				
13c. Mailing Address (Street and Number, City, State, Zip Code) 97 Old Bridge Drive, Howell, NJ 07731				
14. Method of Disposition Cremation		15. Place of Disposition (Name of cemetery, crematory, other) Rosehill Crematory		16. Location - City & State/Foreign Country Linden City, New Jersey
17. Name and Complete Address of Funeral Facility Lehrer Gibilisco Funeral Home, 275 W Milton Ave, Rahway, NJ 07065-3205				
18. Electronic Signature of Funeral Director Joseph D Gibilisco				19. NJ License Number 23JP00326600
20. Decedent Education Bachelor's degree (BA, AB, BS)		21. Decedent of Hispanic Origin? Not Spanish / Hispanic / Latino		22. Decedent Race White
23. Occupation of Decedent (Type of work done most of life, even if retired) Assembler		24. Kind of Business/Industry Manufacturing		
25. Name and Address of Last Employer Patwin Plastic, 2300 E. Linden Avenue, Linden, NJ 07036				
26. Date Pronounced Dead (Mo/Day/Yr) 06/04/2016		28. Name of Person Pronouncing Death		
27. Time Pronounced Dead (24-hr) 1434		29. License Number		30. Date Signed (Mo/Day/Yr)
31. Date of Death (Mo/Day/Yr) Date Found: 06/04/2016		32. Time of Death (24-hr) Time Found: 1245		33. Was Medical Examiner Contacted? Yes
34. Place of Death Decedent's Home		35a. Facility Name (if not institution, give street and number) 605 Ocean Ave		
35b. Municipality Belmar Borough		35c. County Monmouth		
36a. PART I - IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently list conditions, if any, leading to the cause listed on Line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.				
a. ETHANOLISM				Interval Between Onset and Death unknown
b. ETHANOLISM				unknown
c. ETHANOLISM				
d. ETHANOLISM				
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I.				37. Was an Autopsy Performed? Yes
38. Were Autopsy Findings Available to Complete Cause of Death? Yes				
39. Date of Injury (Mo/Day/Yr)		40. Time of Injury (24-hr)	41. Place of Injury (e.g. home, construction site, restaurant)	
42. Injury at work?				
43a. Location of Injury (Number and Street, Zip Code)		43b. Municipality	43c. County	43d. State
44. Describe How Injury Occurred				45. If Transportation Injury
46. Manner of Death Natural		47. Did Decedent Have Diabetes? No	48. Did Tobacco Use Contribute to Death? Unknown	49. If Female, Pregnancy State Not applicable
50. Certifier Type Medical Examiner		51. Name, Address, and Zip Code of Certifier Albert W Williams, M.D. 1490 Livingston Avenue, North Brunswick, NJ 08902		
52. Electronic Signature of Certifier Albert W Williams		53. License Number 25MA06285000	54. Date Certified (Mo/Day/Yr) 06/05/2016	
55. Electronic Signature of Local Registrar		56. District No.	57. Date Received	Case ID Number

Record Contains Amendment
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Exhibit A

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY

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